

NAME (Type or print) Ronald Goldser	
SIGNATURE (Use electronic signature if the appearance form is filed electronically) s/ Ronald Goldser	
FIRM Zimmerman Reed	
STREET ADDRESS 1100 IDS Center, 80 South 8th Street	
CITY/STATE/ZIP Minneapolis, MN 55402	
ID NUMBER (SEE ITEM 3 IN INSTRUCTIONS) 35932	TELEPHONE NUMBER 612.341.0400
ARE YOU ACTING AS LEAD COUNSEL IN THIS CASE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
ARE YOU ACTING AS LOCAL COUNSEL IN THIS CASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ARE YOU A MEMBER OF THIS COURT'S TRIAL BAR? YES <input checked="" type="checkbox"/> Member of General Bar; Application for trial bar pending	
IF THIS CASE REACHES TRIAL, WILL YOU ACT AS THE TRIAL ATTORNEY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
IF THIS IS A CRIMINAL CASE, CHECK THE BOX BELOW THAT DESCRIBES YOUR STATUS. RETAINED COUNSEL <input type="checkbox"/> APPOINTED COUNSEL <input type="checkbox"/>	